

CLAIMS ONLY						Application Number <i>10811360</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						
2	/						
3	/						
4	/						
5	/						
6	/						
7	/						
8	/						
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45	/						
46	/						
47	/						
48	/						
49	/						
50	/						
Total Indep							
Total Depend							
Total Claims							